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	005053	A. BUILDING: _____ B. WING _____	01/28/2015

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MEMORIAL HOSPITAL OF SOUTH BEND	615 N MICHIGAN ST SOUTH BEND, IN 46601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for investigation of two hospital licensure complaints. Complaint Numbers: IN00159502: Unsubstantiated; lack of sufficient evidence. Deficiencies cited unrelated to the allegations. IN00159507: Unsubstantiated; lack of sufficient evidence. Facility Number: 005053 Date: 1/27/15 and 1/28/15 Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor QA: claughlin 02/24/15	S 000		
S 332	410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(L) (c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following: (L) Demonstrating and documenting personnel competency in fulfilling assigned responsibilities and	S 332		

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S 332	Continued From page 1 verifying inservicing in special procedures. This RULE is not met as evidenced by: Based on policy and procedure review, document review, and interview, the facility failed to ensure that: physicians who order restraints/holds had CPI (crisis prevention intervention) training for one psychiatrist (#21); and failed to ensure that all staff participating in restraint and seclusion events were trained, as per policy in restraint and seclusion, for one Security staff education file reviewed (Security staff #8). Findings: 1. Review of the policy/procedure "Restraint and Seclusion", policy manual 8.0 Patient Care, last reviewed 7/2014. indicated: a. Under "Policy Statements", it reads: "...10....Training requirements include: application of restraints-- implementation of seclusion-- monitoring-- assessment-- providing care for a patient in restraint or seclusion. Training shall occur prior to performing any of the above actions, as part of general orientation, and annually thereafter. (See Appendix B for training content)". b. On page 3, of 21, it reads: "11. Physicians and other licensed independent practitioners authorized to order restraint or seclusion must be trained (sic) have a working knowledge of the hospital's policy regarding the use of restraint or seclusion." c. Appendix B, titled "Attachment B TRAINING AND COMPETENCE", indicated: "...B. Physician and Licensed Independent Practitioner (LIP) training includes: 1. Definition of restraints, seclusion, least restrictive approaches...".	S 332		

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S 332	Continued From page 2 2. Review of medical records indicated: a. Pt. #10 had: A. An order written on 10/1/14 at "13:50" hours for "Restraint Initiation". B. Nursing documentation on 10/1/14 at "13:53" hours that read: "...Patient refuses to cooperate with admission process and skin assessment...Patient the (sic) began to yell, hit and kick the door... [Dr.] ordered Ativan 1 mg IM (intramuscular), Benadryl 50 mg IM, and Haldol 5 mg. Patient required a therapeutic hold for the administration. Patient continues to yell...at this time security instructed all staff to leave the quiet room and initiated a seclusion. Patient remains in seclusion for aprox (sic) 15 minutes...". 3. Review of the Security Report for pt. #10 with an "Occurrence" time of 10/1/14 at 1345 hours and a "Date Report Completed" time of 10/1/14 at "2:19:53 PM", read: "...I arrived and was asked to assist in holding patient so meds could be administered. I assisted holding patient...". 4. Review of the education file for Security guard #8 indicated the last documented restraint/seclusion training, titled "Security Restraint Validation", was dated 8/2/2012 5. At 2:25 PM on 1/28/15, interview with staff member #53, the behavioral unit clinical services director, and phone call with staff member #56, the assistant chief of security, indicated: a. The last annual training, titled "Security Restraint Validation", for security officer #8 was dated 8/2/12, none could be located for 2013 or 2014. (8/2/2012 training document provided) b. Security and police staff are not listed on the restraint and seclusion policy as those who may	S 332		

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S 332	Continued From page 3 participate in restraint and seclusion episodes, and what the expectations for education and training, including CPR (cardio pulmonary resuscitation) competence, are required to assist behavioral unit staff when requested. c. There is no documentation of education/training for practitioners, especially psychiatrist #21, regarding CPI specific holds that may be ordered for patients.	S 332		
S 912	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v) (a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following: (2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by	S 912		

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S 912	Continued From page 4 hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital. This RULE is not met as evidenced by: Based on document review and interview, the nursing manager failed to ensure the implementation of facility policy related to restraint and seclusion for 2 of 5 patients. (Pts. #10 and #13.) Findings: 1. Review of the policy/procedure "Restraint and Seclusion", policy manual 8.0 Patient Care, last reviewed 7/2014. indicated: a. Under "Purpose", it reads: "...to limit the use of restraints or seclusion to those situations where less restrictive interventions have been determined to be ineffective to protect the patient, staff members, or others from harm. The purpose of this policy is to provide guidelines for the safe use and documentation of restraint and seclusion in the care of patients...". b. Under "Policy Statements", it reads: "...5. the type or technique of restraint or seclusion used must be the least restrictive intervention...and must be documented in the electronic medical record." c. Under "Policy Statements", it reads: "...9....In an urgent situation, where the violent or self-destructive behavior of the patient presents an immediate danger to self, other patients, staff or property,...". d. Under "Procedure", it reads: "...B. RESTRAINT FOR VIOLENT AND	S 912		

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S 912	Continued From page 5 SELF-DESTRUCTIVE BEHAVIOR AND SECLUSION 1...ii. the initial and all subsequent restraint or seclusion orders shall expire in;...4 hours for adults 18 years of age and older...". e. In Attachment C titled "Restraint & Seclusion Reference Tool", it reads, in the section "Violent or Self Destructive (Restraint or Seclusion),...Order must include: Type of restraint...Maximum Time limit: 4 hours - adults...RN (registered nurse) and PCA/UA/MHT (patient care assistant/unit assistant/mental health technician) monitoring and assessments every 15 minutes:...". f. On page 7., under "G. Performance Improvement and Data Collection', it reads: "1. the hours of restraint and/or seclusion use in the behavioral health units shall be collected and reported as follows: a. Monthly to Senior Director and Medical Director of Behavioral Health Services b. Quarterly to the Hospital Quality & Safety Committee of the Board of Directors...". 2. Review of medical records indicated: a. Pt. #10 had: A. An order written on 10/1/14 at "13:50" hours for "Restraint Initiation". B. Lacked documentation of a time limit written for the restraint noted in A. above. C. Nursing documentation on 10/1/14 at "13:53" hours that read: "...Patient refuses to cooperate with admission process and skin assessment...Patient the (sic) began to yell, hit and kick the door... [Dr.] ordered Ativan 1 mg IM (intramuscular), Benadryl 50 mg IM, and Haldol 5 mg. Patient required a therapeutic hold for the administration. Patient continues to yell...at this time security instructed all staff to leave the quiet room and initiated a seclusion. Patient remains in seclusion for aprox (sic) 15 minutes...".	S 912		

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S 912	Continued From page 6	S 912		

D. No order written for seclusion that occurred, as listed in C. above, and no time limit for same.
E. No documentation on the October log for restraint/seclusion of this patient's restraint and seclusion events.

b. Pt. #13 had:
A. A nursing note written at "7:58" hours on 9/9/14 that read: "Patient agitated...Pacing and gesturing, clenching fists. Attempts to redirect [pts] angerhave (sic) not been effective. Will medicate with PRN (as needed) injections, security called".
B. A physician order for seclusion written at "8:10" hours on 9/9/14.
C. No order written for restraining the patient for the injection(s).
D. Nursing notes on 9/10/14 at "11:37" hours that read: "Patient placed in 4pt (point) restraints became aggressive towards staff, was in quiet room due to escalting (sic) anger...Patient was unable to get control of [their] anger becoming enraged, when approached [pt] to give [pt] medications [pt] became physically aggressive...hitting staff as [pt] was trying to leave nurses station...".
E. An order written at "11:51" hours on 9/10/14 that read: "Order: Restraint Seclusion Initiation EPW (Epworth unit)", with "Order Details" of "once (NOW)".
F. No specific type of restraint ordered and no time limit to the restraint.
G. No 15 minute check documented for "12:00" hours.

3. Review of the Security Report for pt. #10 with an "Occurrence" time of 10/1/14 at 1345 hours and a "Date Report Completed" time of 10/1/14 at "2:19:53 PM", read: "...I arrived and was asked to assist in holding patient so meds could be

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S 912	Continued From page 7 administered. I assisted holding patient...". 4. Review of the Security Report for pt. #13 with an "Occurrence" time of 9/10/14 at 11:28 AM, and a "Date Report Completed" notation of 9/10/14 at 11:51:42 AM, indicated: "...CODE VIOLET: The patient pulled away from us,...and was stopped in the Nurses Station main door...[staff] and myself took control of the patient while other Staff (sic) members moved the female out of the South quiet room that been placed their (sic) earlier. Once the room was ready additional Staff (sic) assisted getting the patient into the room and place the lockable restraints on and checked for correct fit...". 5. At 8:40 AM on 1/28/15, interview with staff member #53, the behavioral unit clinical services director, indicated: a. The order for restraint for patient #10 on 10/1/14 at 1350 hours lacked specificity for the type of restraint and a time limit for restraint. b. There was no subsequent order for pt. #10 for seclusion on 10/1/14, as occurred per nursing documentation. c. Pt. #10 was not noted on the October log of patients who were restrained, or secluded. d. Pt. #13 had no order written for restraining the patient for the injection(s) given at 8:10 AM on 9/9/14 prior to the seclusion of the patient, when documentation indicates the patient was held for the injection(s). e. Pt. #13 had an order for a "mechanical" restraint ordered on 9/10/14, but it was not specific to how many (such as: wrists only, ankle only, four point) and no time limit to the restraint order, written on 9/10/14 at 11:51 AM. f. Pt. #13 had no 15 minute check done at 12:00 PM on 9/10/14, as required by facility policy.	S 912		